

**GOVERNMENT OF MANIPUR
DIRECTORATE OF TRIBAL AFFAIRS & HILLS**

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APPLICATION FORM
(For the year 2025-26)

Latest Colour
Photograph

(Please read the Application Form carefully and fill up in BLOCK LETTERS only. Avoid overwriting in the Application Form. Applicant can apply for one Scheme only).

Sl. No	Name of the Scheme
1.	Assistance to Tribal Women Societies/Organisation/Self Help Groups (SHGs)
2.	Distribution of Sewing Machine
3.	Distribution of Water Storage Tank

NAME OF THE SCHEME APPLIED FOR:

1. Name of the applicant:

2. Age: 3. Gender:

4. Name of - Father: - Mother:

5. Address: (a) Village:

(b) Block: (c) District:

(Enclose copy of Residential/Domicile Certificate issued by the competent authority)

6. Assistance, if any, received from Govt. in the past:

(i) Name of the Scheme:

(ii) Amount/material received: (iii) Year:

(iv) Department:

7. Total family income per year: *(Enclose Income Certificate)*

8. Name of Tribe: *(Enclosed copy of ST certificate)*

9. Occupation of the applicant:

10. Bank account details of the applicant:

i) Aadhar linked Bank Account No.: (ii) IFSC Code

(iii) Bank Branch: *(Enclose copy of Bank Passbook/ cancelled Cheque).*

11. Aadhar No.:

12. Whether applicant is a widow/widower/orphan: (Please tick):

13. Whether the applicant is DIFFERENTLY ABLED: Yes/No *(If yes, enclose Certificate)*

DECLARATION

I do hereby solemnly declare that the above information furnished by me are true to the best of my knowledge and if at any point of time some part or whole information is found to be incorrect, my application may be cancelled; and I am liable to be prosecuted under relevant provisions of Bharatiya Nyaya Sanhita (BNS) or any applicable law for the time being in force.

Date:

Signature/Thumb impression of

Place:

the applicant

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RECOMMENDATION OF THE SCREENING COMMITTEE

A) The applicant is recommended for the Scheme.

B) The applicant is not recommended for the Scheme.

Place:

Date:

Member Secretary
Screening Committee